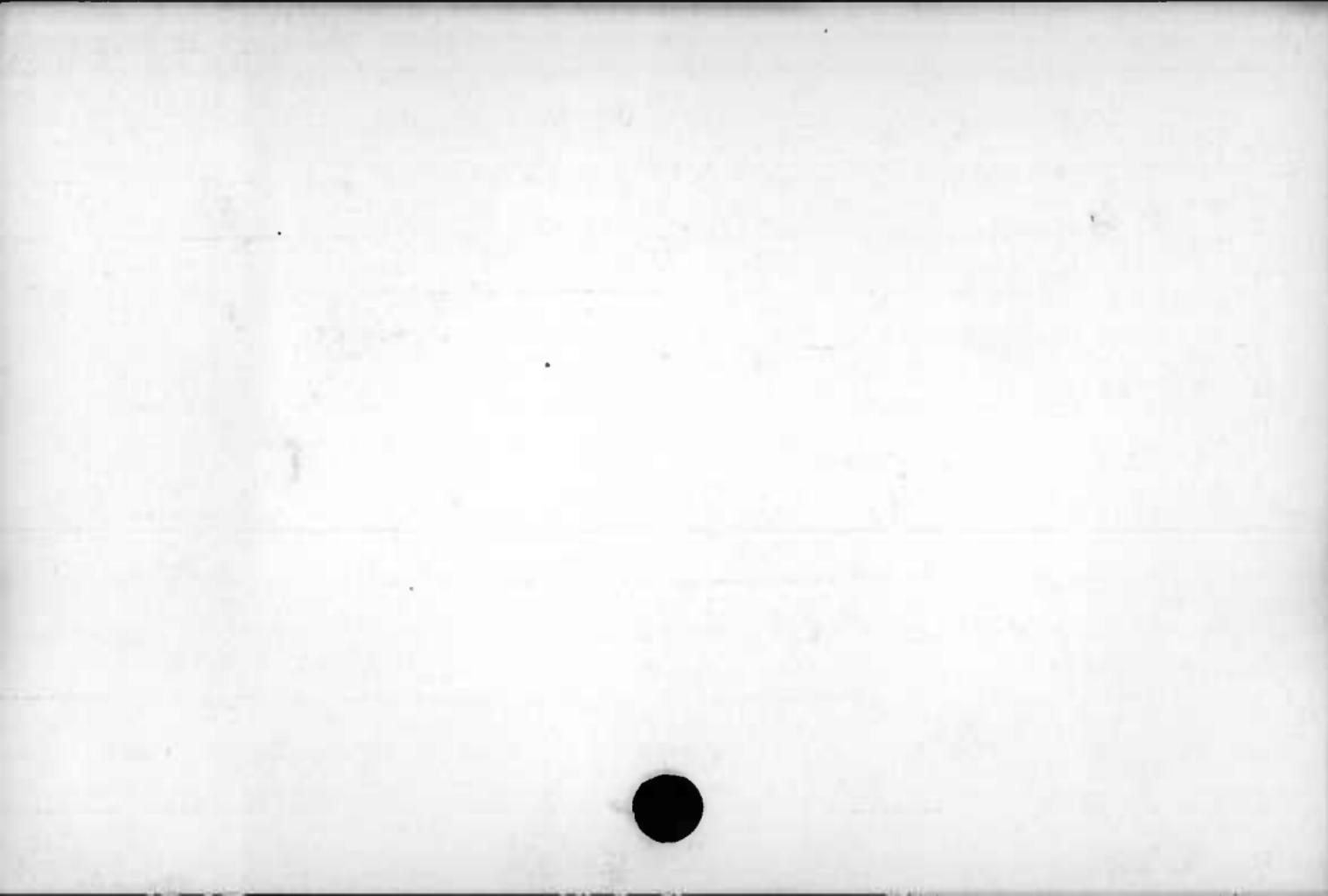


Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

I certify Allen Shepards ^{town} D.C. County					CERTIFICATE OF DEATH	
Died at		Month		Day	Years	Months
Date of death	1908	Month	5	Day	16	Years
Sex	Female		Color or Race	White		Birth-place
Occupation	Where Residing if not at place of death					—
Married, Single or Widowed	Name of Wife or Husband					—
Father's Name	Ernest Allen					Mo.
Mother's Maiden Name	Ruth Sambury					Mo.
Name of person giving information	Ernest Allen					Father
CAUSES OF DEATH						
Primary	Prolapse of Analical cord					How long
Immediate	C.P.					How long
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		O.P. Sinskey M.D.	
			Address		Roosevelt Rd.	
Accident or Suicide?						



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at

Town

Brentwood

County

Dr. Geo

MARYLAND

Date
of death

1905

Month

May 25

Day

Years

63

Age

Months

-

Days

-

Sex

male

Color or
Race

white

Birth-
place

n y.

Occupation

Real Estate Broker

Where Residing if not
at place of death

Married, Single
or Widowed

married

Name of Wife or
Husband

Jemima Bartlett

Father's
Birthplace

n y

Father's
Name

Alans Bartlett

Mother's
Birthplace

n y

Mother's
Maiden Name

Maria Turner

How related
to deceased

wife

Name of person giving
Information

Jemima Bartlett

How related
to deceased

CAUSES OF DEATH

104

Primary

Acute Indigestion

How long

One week

Immediate

Cardiac failure

How long

Immediate

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

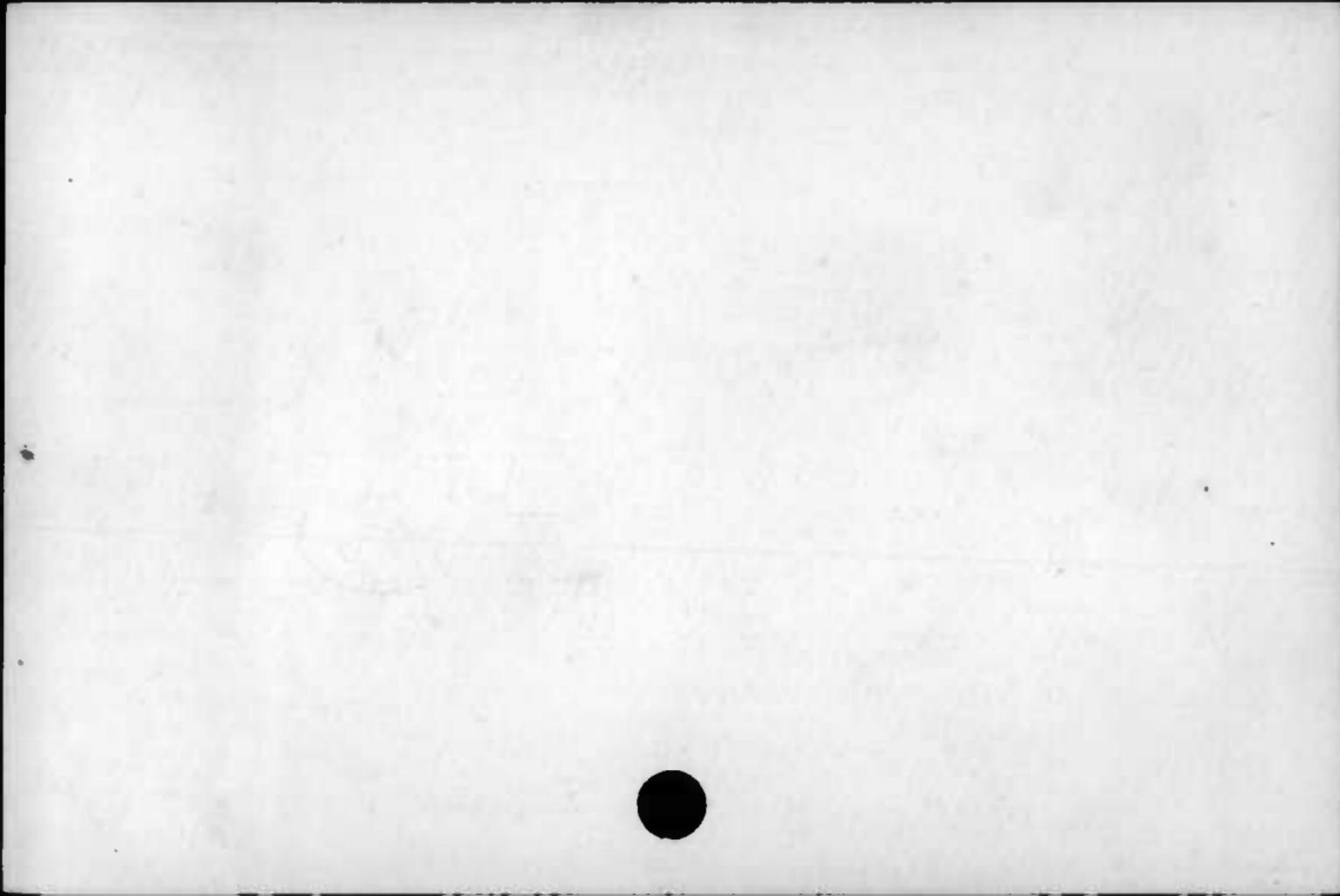
Signature of
Physician

Address

Geo E. Latimer

Hyattsville Md.

Accident or Suicide?



Name
in
Full

Mrs. Mary A. Beall.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	1908	Month 5	Day 12	Years 83	Months	Days
Sex	Female		Color or Race	white	Birth-place	a. a. Co.
Occupation	~		Where Residing if not at place of death		Laurel Md	
Married, Single or Widowed	Widowed		Name of Wife or Husband		~	
Father's Name	Cresbow Lewinway		~		Father's Birthplace	Adles
Mother's Maiden Name	Ngay Conroy		~		Mother's Birthplace	" " "
Name of person giving information	A. S. Beall.		~		How related to deceased	Grandson

CAUSES OF DEATH

79

How long

8 Years

Primary

Valvular Heart Disease

How long

3 to Weeks

Immediate

Heart Failure

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

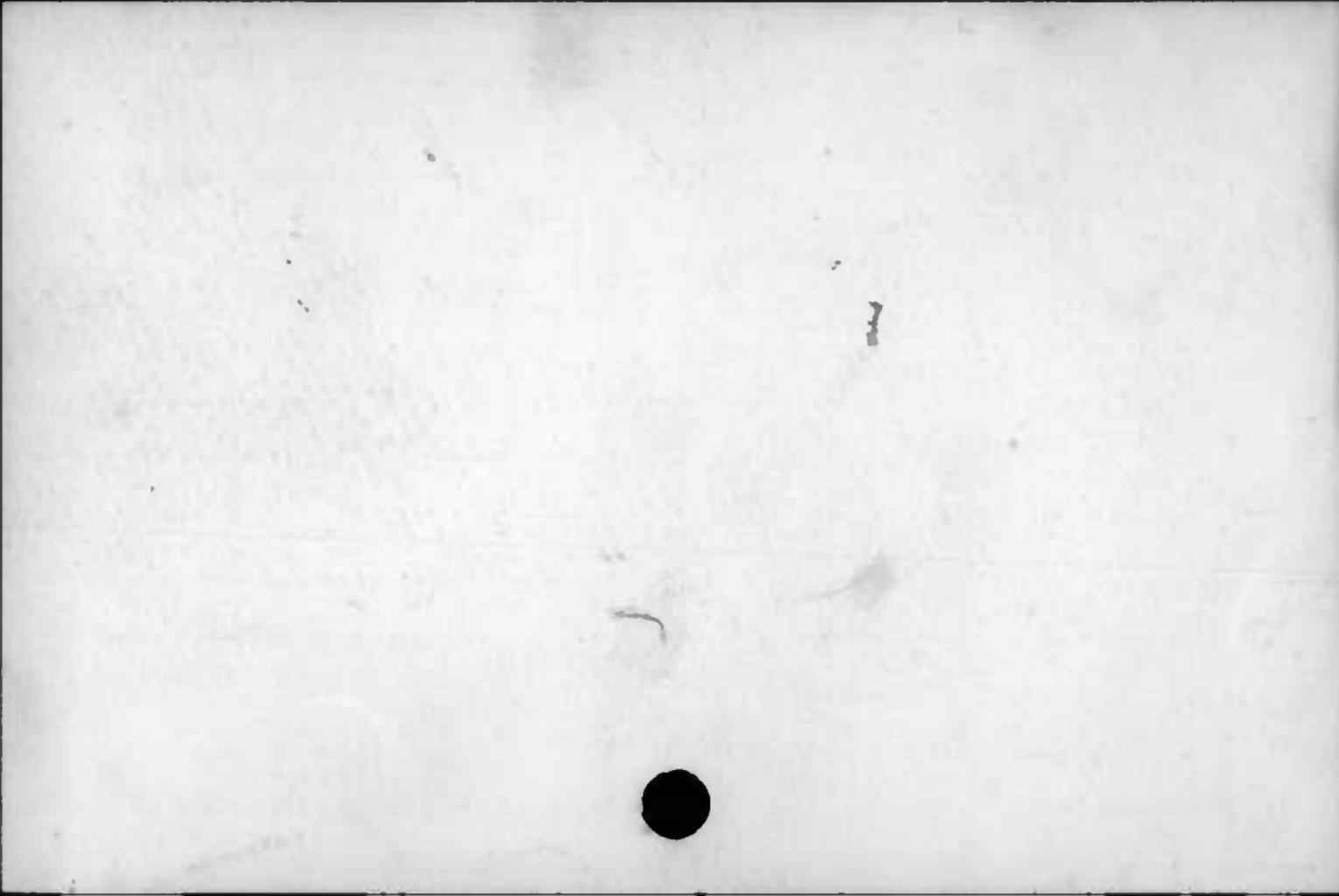
John Grossmiller

Address

Laurel Md

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

George Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Bruce George			Count	MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days	
1908	May	30	1	1	4	15	
Sex	Male	Color or Race	White	Birth-place	Minnesota		
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	Henry Brown			Father's Birthplace	Germany		
Mother's Maiden Name	Matha Dukr			Mother's Birthplace	Germany		
Name of person giving information	Matha Brown			How related to deceased	mother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary
Death due to natural
Causes

179

How long

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

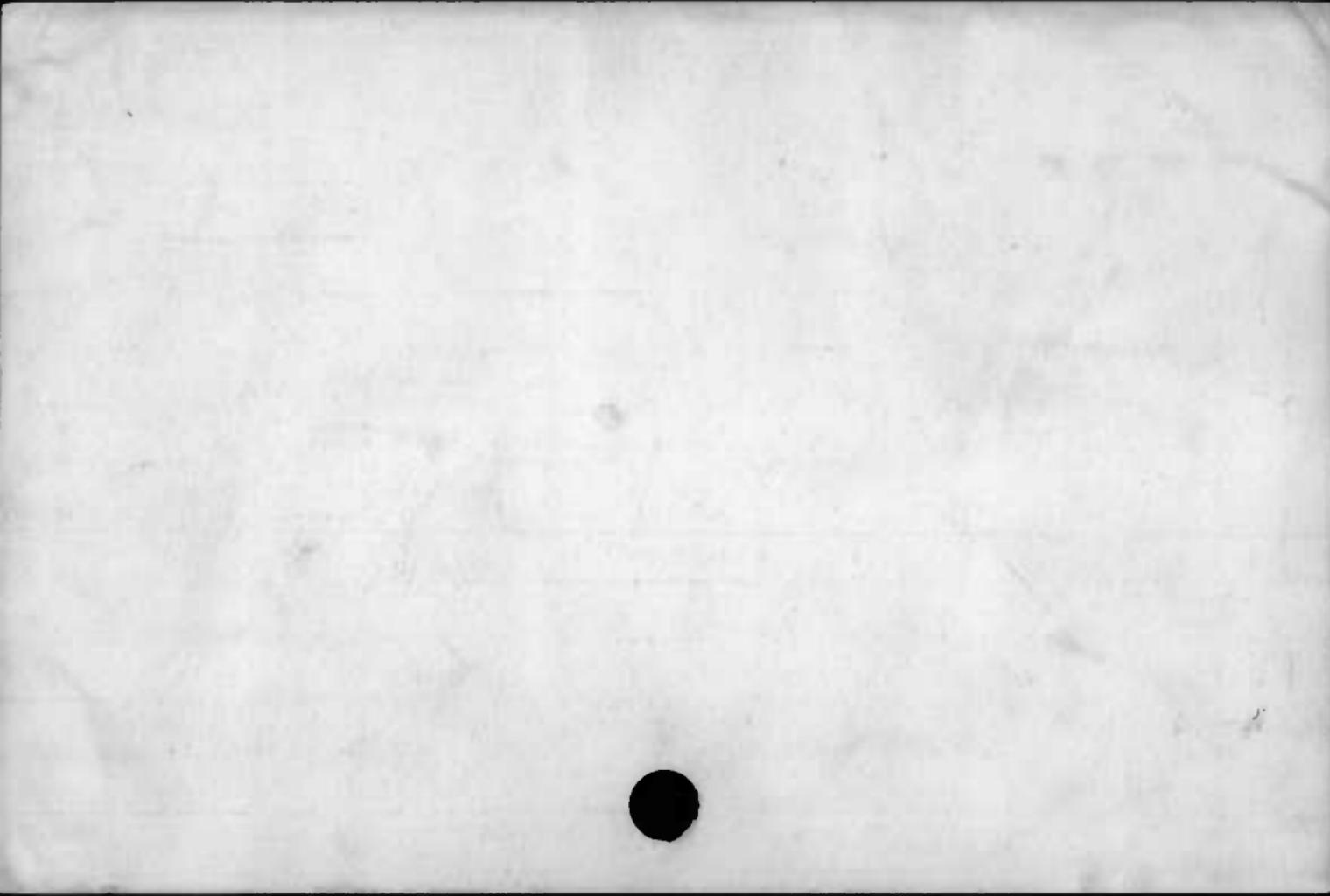
Signature of
Physician

Address

K. Lee Mullenix
acting coroner
Forsie

Accident or Suicide?

Md



Name
in
Full

Ida Alberta Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Seabrook		Pri. Geo. Co.			
Date of death	Month	Day	Years	Months	Days
1908 May		16	Age 26	3	8
Sex	Female	Color or Race	White	Birth-place	Seabrook
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Columbus Brown			Father's Birthplace	Upper Marlboro
Mother's Maiden Name	Annie Wesley			Mother's Birthplace	Washington
Name of person giving information	J. Frank Brown			How related to deceased	Brother

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary Paroxysmal nephritis

How long
several months

Immediate Paroxysmal

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

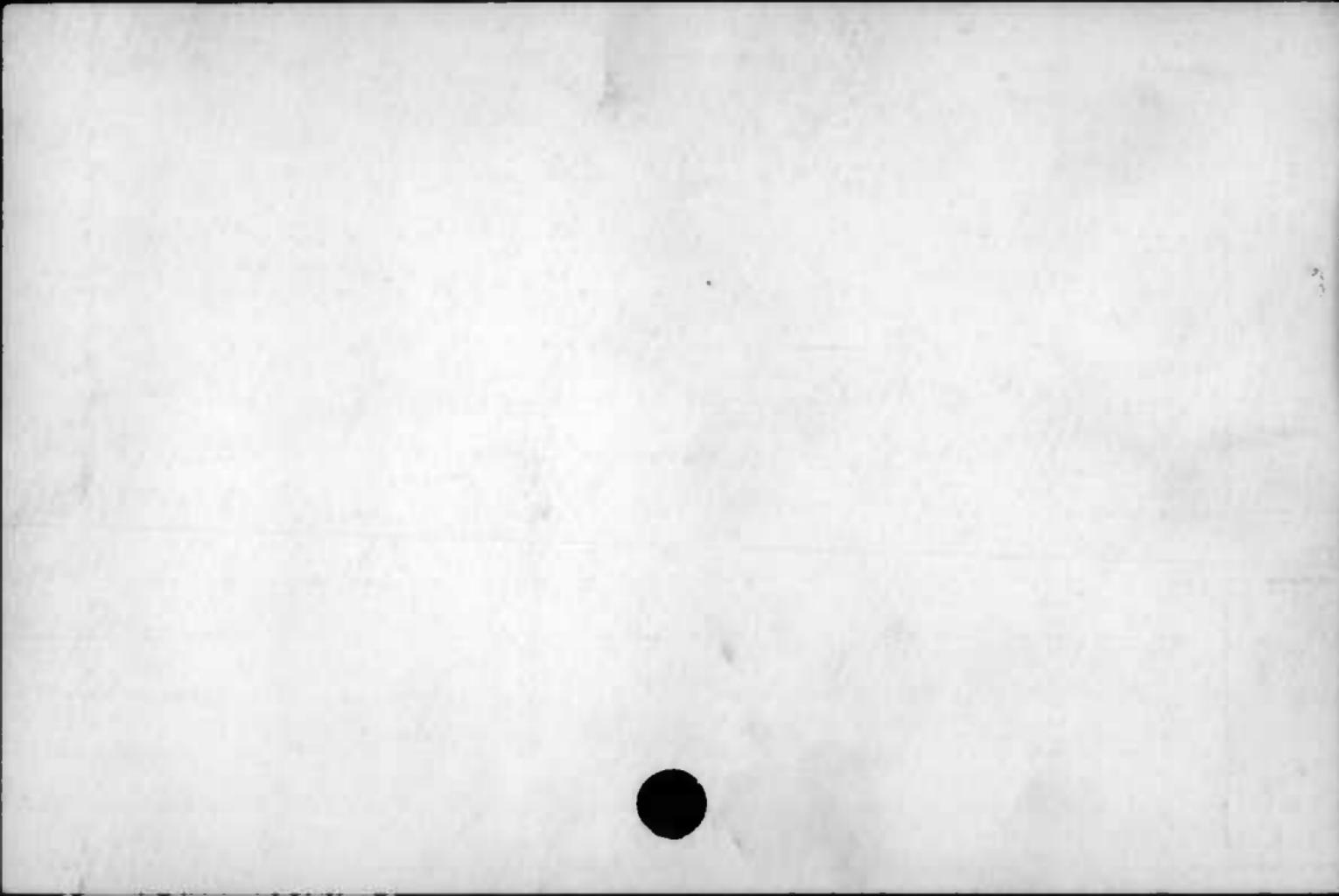
Signature of Physician

Address

Dr. W. D. Duvall M.D.
Springfield Mo.

Accident or Suicide?

No



Name
in
Full

Sarah Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	P.G.		County	MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days
Sex	Female	Color or Race			Birth-place	Ind
Occupation	Chambermaid		Where Residing if not at place of death	—		
Married, Single or Widowed	Name of Wife or Husband		—	—		
Father's Name	J. W. Brown		Father's Birthplace	Md		
Mother's Maiden Name	Agnes Brown		Mother's Birthplace	"		
Name of person giving information	Moses Brown		How related to deceased	Brother		

CAUSES OF DEATH

27

How long

4 mo

How long

J. L. Waring
Blinton
Md

PHYSICIAN
OR CORONER

Primary

Consumption

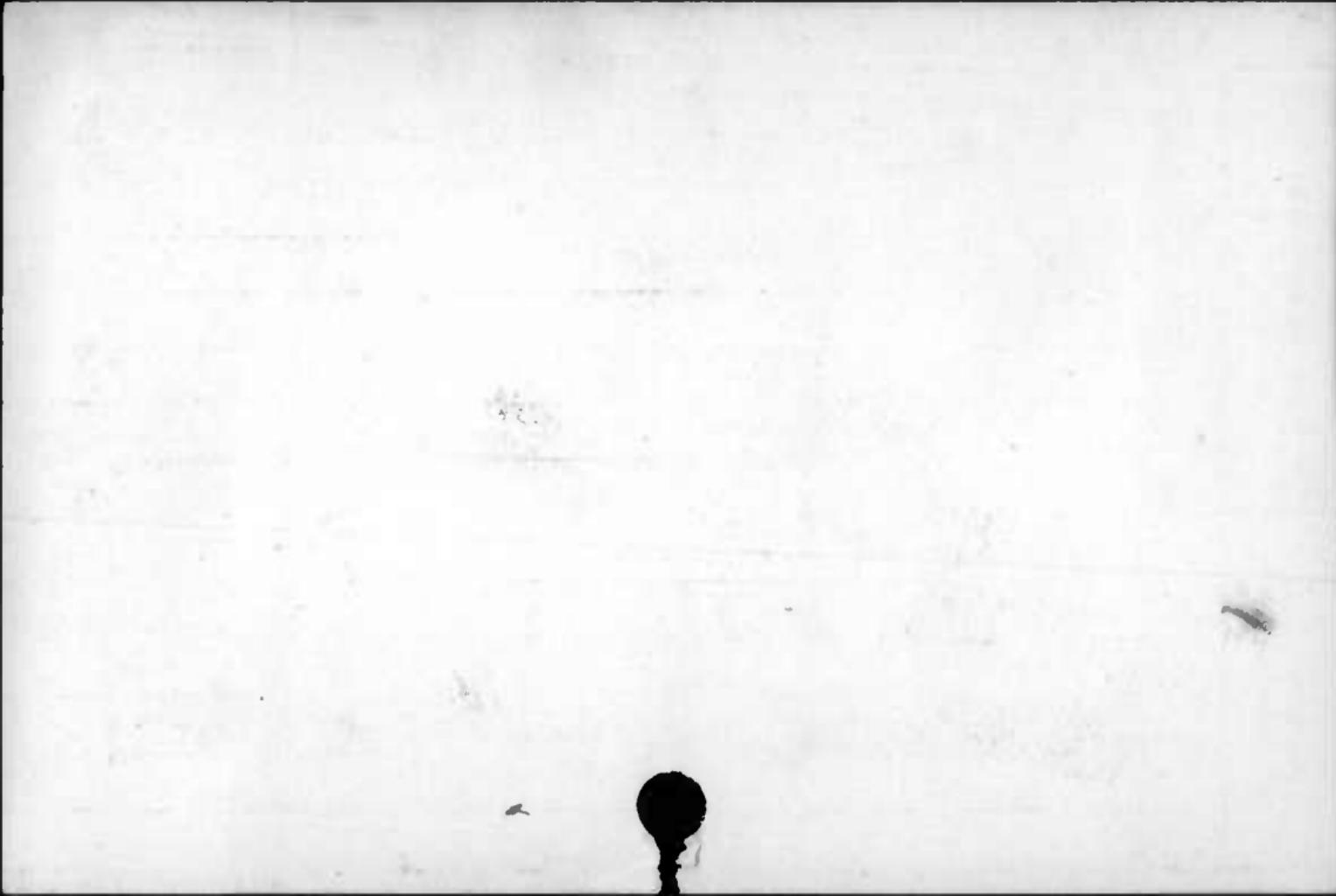
Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Mary Helen Burkhardt

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Broadsville</u>		Town <u>Po. Hs.</u> County		MARYLAND	
Date of death <u>1908</u>	Month <u>May</u>	Day <u>23</u>	Years <u>68</u>	Months <u>1</u>	Days <u>18</u>
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Maryland</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>x Mother Lewis H. Burkhardt</u>	Father's Birthplace <u>x Sharphburg</u>			
Father's Name <u>x</u>	Mother's Birthplace <u>x</u> <u>...</u> <u>...</u> <u>...</u>				
Mother's Maiden Name <u>x</u>	How related to deceased <u>x</u> <u>Son.</u>				
Name of person giving information <u>x M. H. Burkhardt</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Chronic Endocarditis

79

How long

10 years

Immediate

Heart Insufficiency

How long

3 weeks

Are the name, age, sex, color, date and place correctly given above?

yes

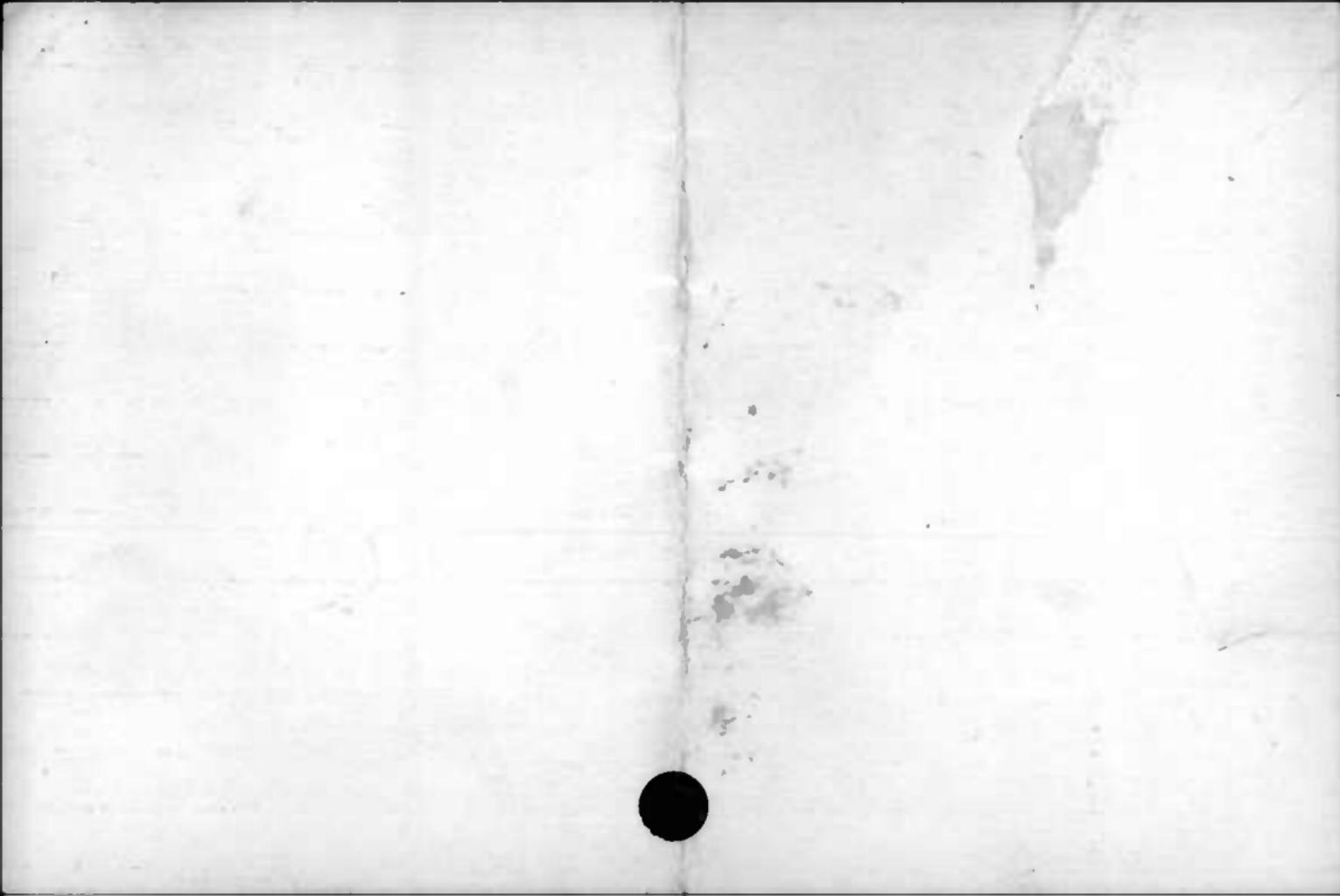
Signature of Physician

A. D. E. E. M. E.

Address

Bethany Med

Accident or Suicide? —



Name
in
Full

Charles Ed Chase

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Lankham</u>		Town	County <u>Prince George</u>	MARYLAND	
Date of death <u>1908 May</u>	Month <u>May</u>	Day <u>2nd</u>	Years	Months	Days
Sex <u>male</u>	Color or Race <u>Colored</u>	Age <u>5</u>			
Occupation <u>none</u>		Birth-place <u>Lankham Md</u>			
Married, Single or Widowed		Where Residing if not at place of death			
Father's Name	<u>Mack Chase</u>			Father's Birthplace	<u>Maryland</u>
Mother's Maiden Name	<u>Maggie Washington</u>			Mother's Birthplace	<u>Mitchelville Md</u>
Name of person giving information	<u>Maggie Washington</u>			How related to deceased	<u>Mother</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Natural Causes

179

How long

two days

Immediate

Are the name, age, sex, color, date and place correctly given above?

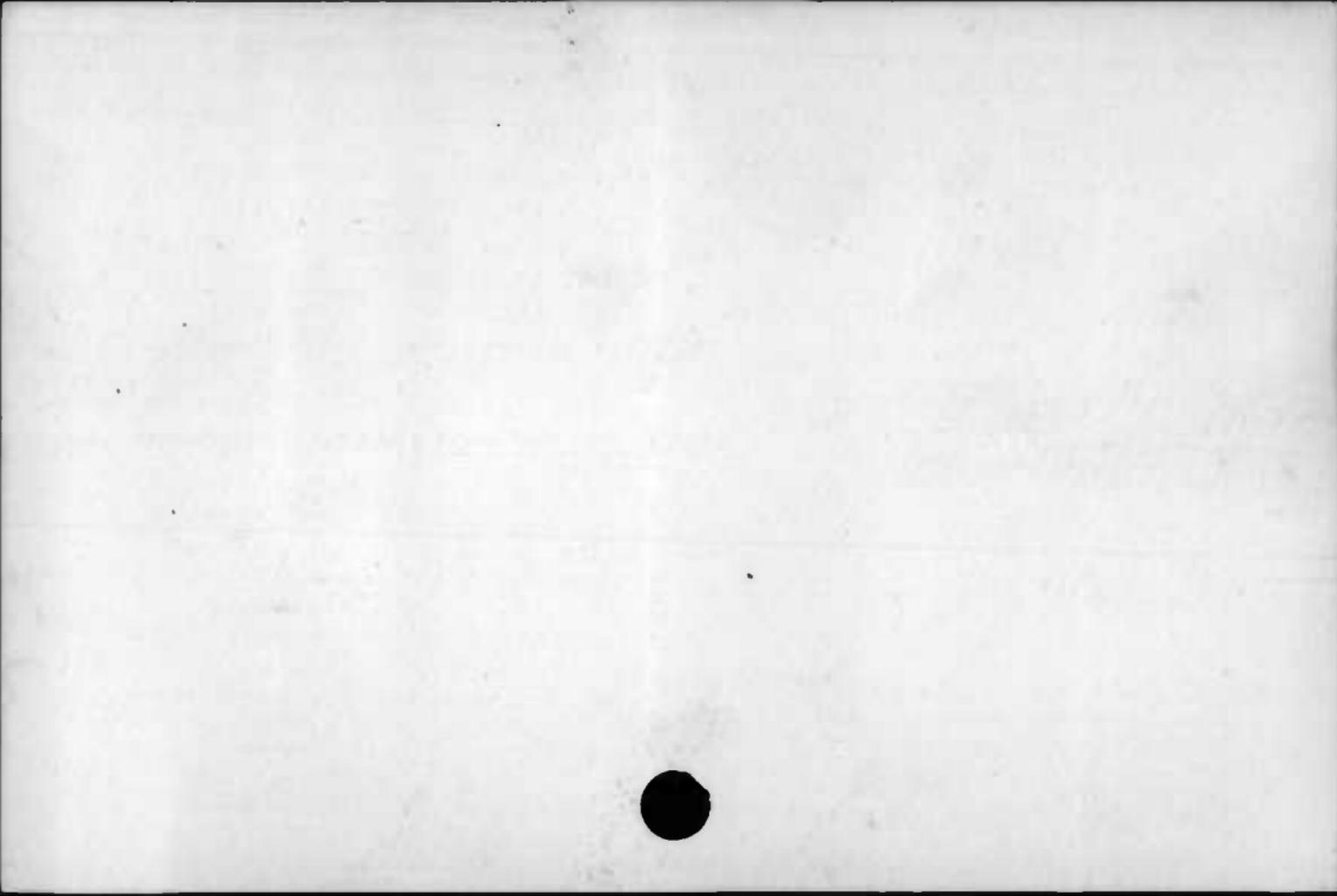
Signature of Physician

Yes

Address

Augustus H Dahlgren Jr.
Acting Coroner
Bladensburg Md

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County			
Silver Hill	F + Pr	See			
Date of death	Month	Day	Years	Months	Days
1908	5	31	67	—	—
Sex	Male	Color or Race	White	Birth-place	Ky
Occupation	Fanner				
Married, Single or Widowed	Dora E. Biffon				
Father's Name	Logiala Biffon				
Mother's Maiden Name	Luviria Wagincott				
Name of person giving information	Dora E. Biffon				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Paralysis

Immediate

Nephritis

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

66

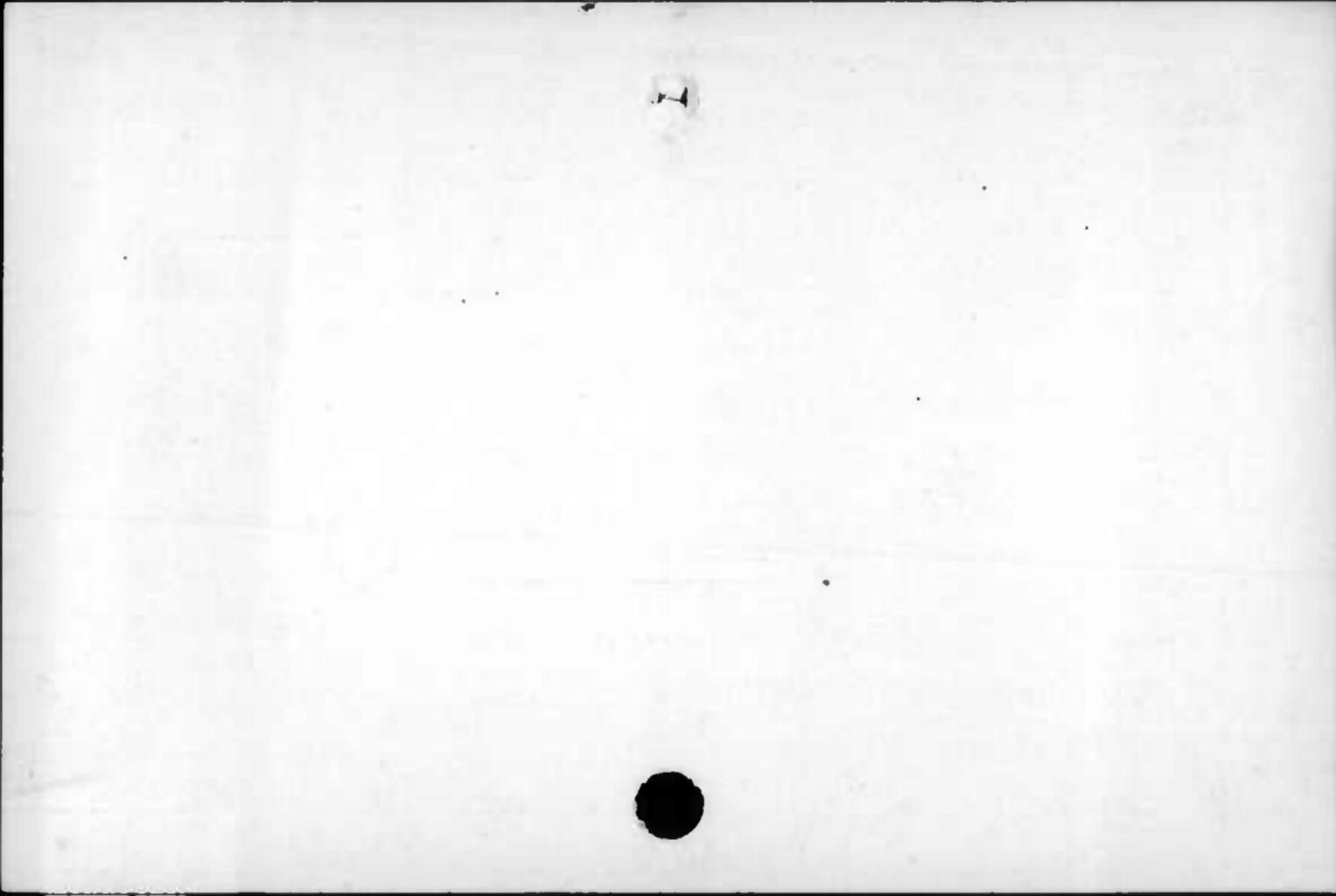
How long

3 yrs

How long

Indefinite

Address



Name
in
Full

Renke John Denekas

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Lakeland

Town

County

MARYLAND

Date of death

1908

Month

May

Day

4

Years

64

Months

11

Days

29

Sex

Male

Color or
Race

white

Birth-
place

Germany

Occupation

Retired

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Rosa Denekas

Father's
Name

Anthony Denekas

Father's
Birthplace

Germany

Mother's
Maiden Name

Annie Tolin

Mother's
Birthplace

Germany

Name of person giving
Information

Rosa Denekas

How related
to deceased

wife

CAUSES OF DEATH

64

How long

2 1/2 years

How long

2 1/2 days

Primary

Hemiplegia

Immediate

Apoplysy

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

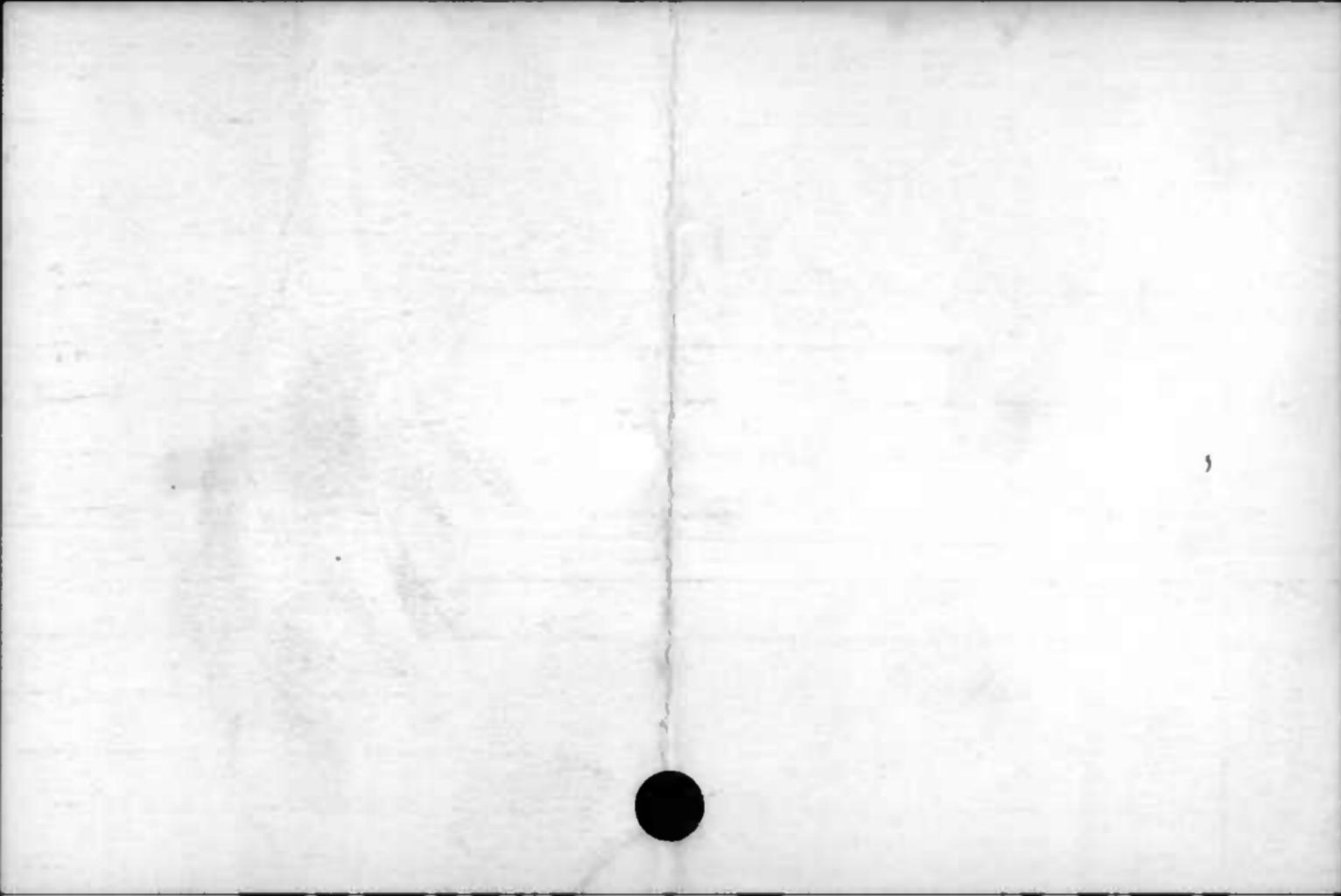
A. Etienne

Address

Baltimore Md

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Henry Douglas

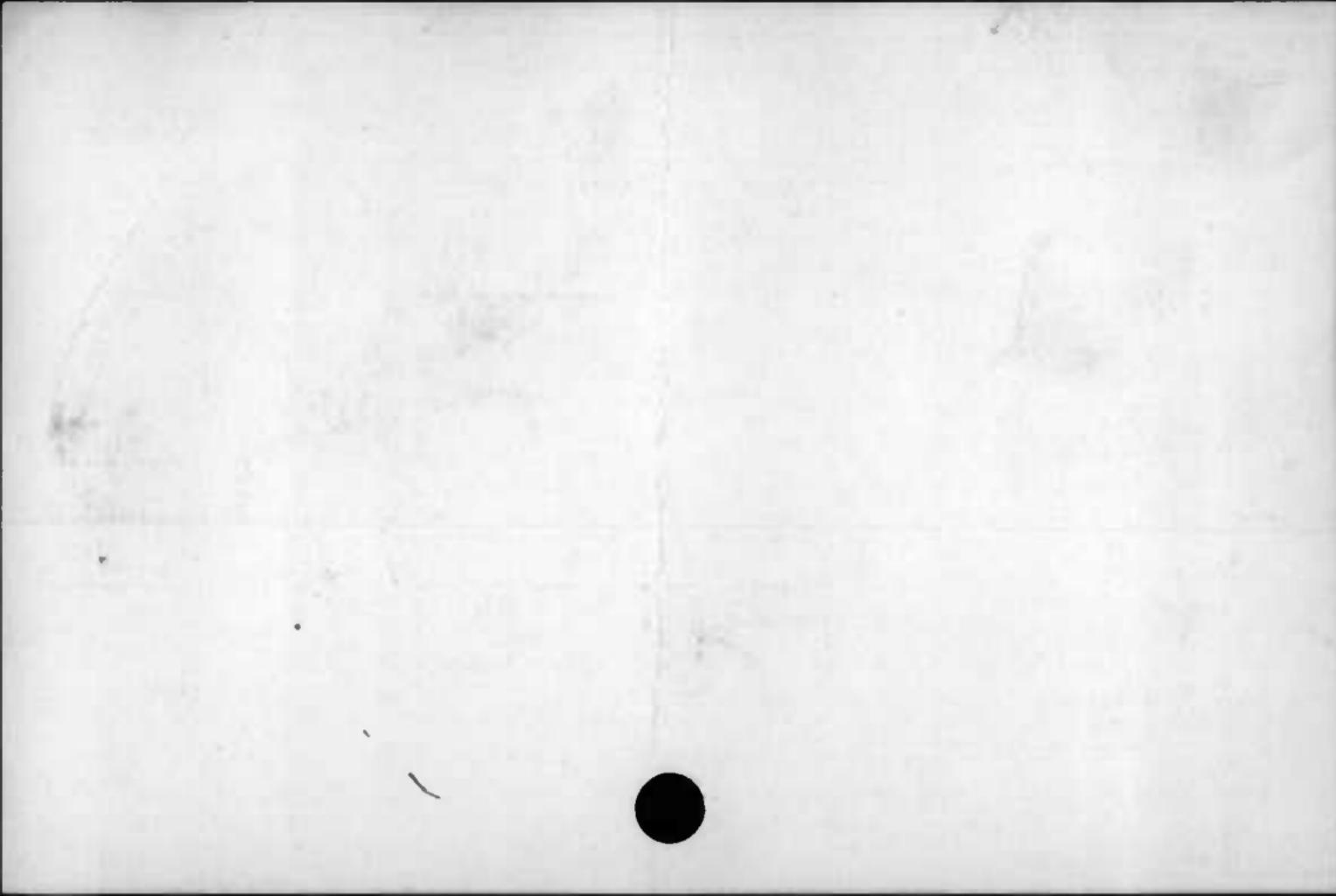
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Prince George	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1908	May	2	45 or 50	—	—	
Age	Unknown		Unknown			
Sex	Male	Color or Race	Black	Birth-place	Unknown	
Occupation	Laborer		Where Residing if not at place of death	—		
Married, Single or Widowed	Name of Wife or Husband		Rebecca Douglas			
Father's Name	Jacob Douglas		Father's Birthplace	Unknown		
Mother's Maiden Name	Rebecca Ford		Mother's Birthplace	Unknown		
Name of person giving information	Joseph Gant		How related to deceased	No relation		
CAUSES OF DEATH						
Primary	Chronic Bright's Disease		120	Don't Know		
Immediate	Exhaustion		How long	—		
Are the name, age, sex, color, date and place correctly given above?			Yes	Signature of Physician	J. D. Chaney M.D.	
				Address	13 Adams	

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Clifford Hall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Brentwood</u>		Town <u>Prince George</u> County <u>Prince George</u>			MARYLAND	
Date of death <u>1908</u>	Month <u>May</u>	Day <u>30th</u>	Age <u>13</u>	Years <u>13</u>	Months	Days
Sex <u>male</u>	Color or Race <u>Culared</u>					Birth-place <u>D.C.</u>
Occupation <u>—</u>	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name <u>not known</u>	Father's Birthplace <u>—</u>					
Mother's Maiden Name <u>Mary Hall</u>	Mother's Birthplace <u>D.C.</u>					
Name of person giving information <u>Isabell Randall</u>	How related to deceased <u>not related</u>					

CAUSES OF DEATH

27

Primary Tuberculosis

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Augustus H Dahler

Dealing Coroner

Bladensburg Md

Accident or Suicide?

mislayed

Name
in
Full

James Edward Hawkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Dover Hill		Town Pr. Geo.	County	MARYLAND		
Date of death	Month 1908 5	Day 12	Age 1	Years	Months	Days
Sex Male	Color or Race Colored	Occupation none	Where Residing if not at place of death	Birth- place Md		
Married, Single or Widowed	Name of Wife or Husband					
Father's Name William Hawkins	Father's Birthplace Md.					
Mother's Maiden Name Catherine E. Seward	Mother's Birthplace Md.					
Name of person giving Information Mr. Hawkins	How related to deceased Father					

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary

Gastro Enteritis

How long

2 weeks

Immediate

Emaciation

How long

Are the name, age, sex, color, date
and place correctly given above?

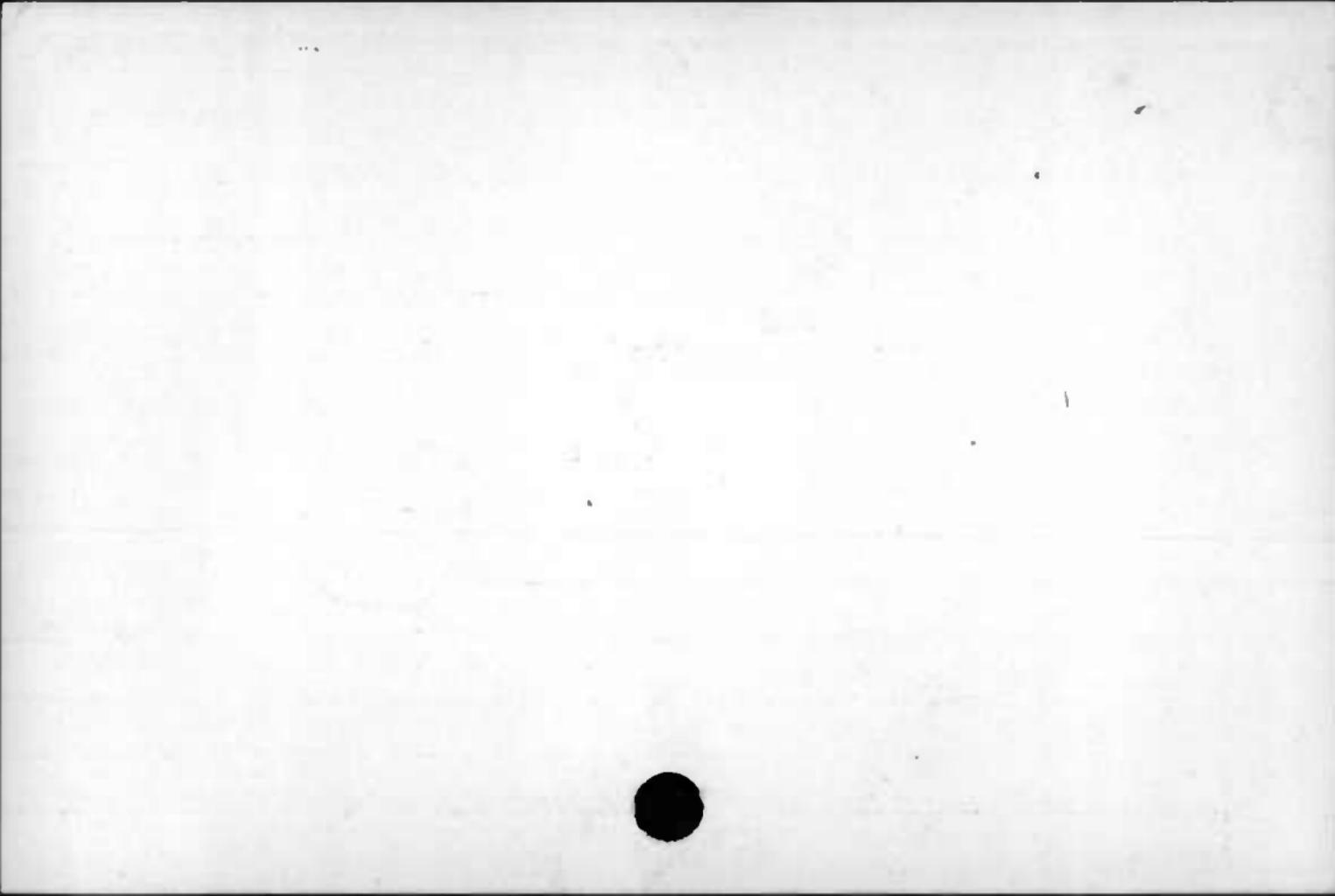
yes

Signature of
Physician

Address

E.P. Simpson M.D.
Roadcross M.D.

Accident or Suicide?



Name
in
Full

Thomas H. Heebbron

CERTIFICATE OF DEATH

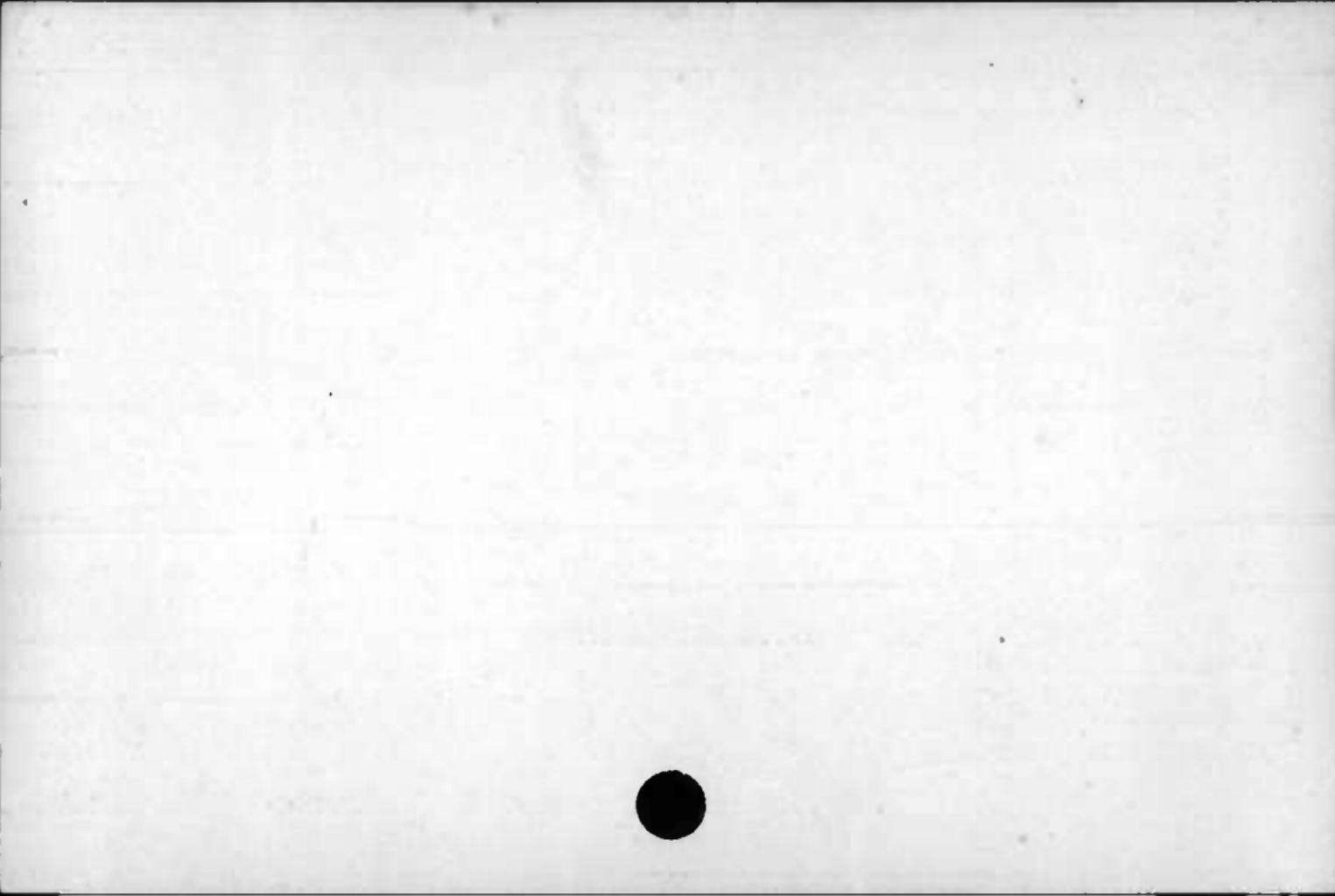
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Anneade</u>		Town <u>Riviera City Co</u>	County <u>Maryland</u>		
Date of death <u>1908</u>	Month <u>May</u>	Day <u>4</u>	Years <u>92</u>	Months <u>-</u>	Days <u>-</u>
Sex <u>Male</u>	Color <u>red</u>	Race <u>white</u>	Birth-place <u>Maryland Co</u>		
Occupation <u>Labor</u>	Where Residing if not at place of death <u>at Anneade</u>				
Married, Single or Widowed	Name of Wife or Husband <u>Miss Cincinnati</u>				
Father's Name <u>Don't know</u>	Father's Birthplace <u>near</u>				
Mother's Maiden Name <u>Miss Cincinnati Crampton</u>	Mother's Birthplace <u>near</u>				
Name of person giving Information <u>William Griffith Heebron</u>	How related to deceased <u>Son</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Fell down a fall</u>	64	How long <u>about a month</u>
Immediate <u>Congestion of Brain</u>	64	How long <u>4 days</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Yes</u>	Address <u>6 A. Fox</u>
Accident or Suicide?	<u>Baltimore area</u>	



Amanda Ella Howell

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

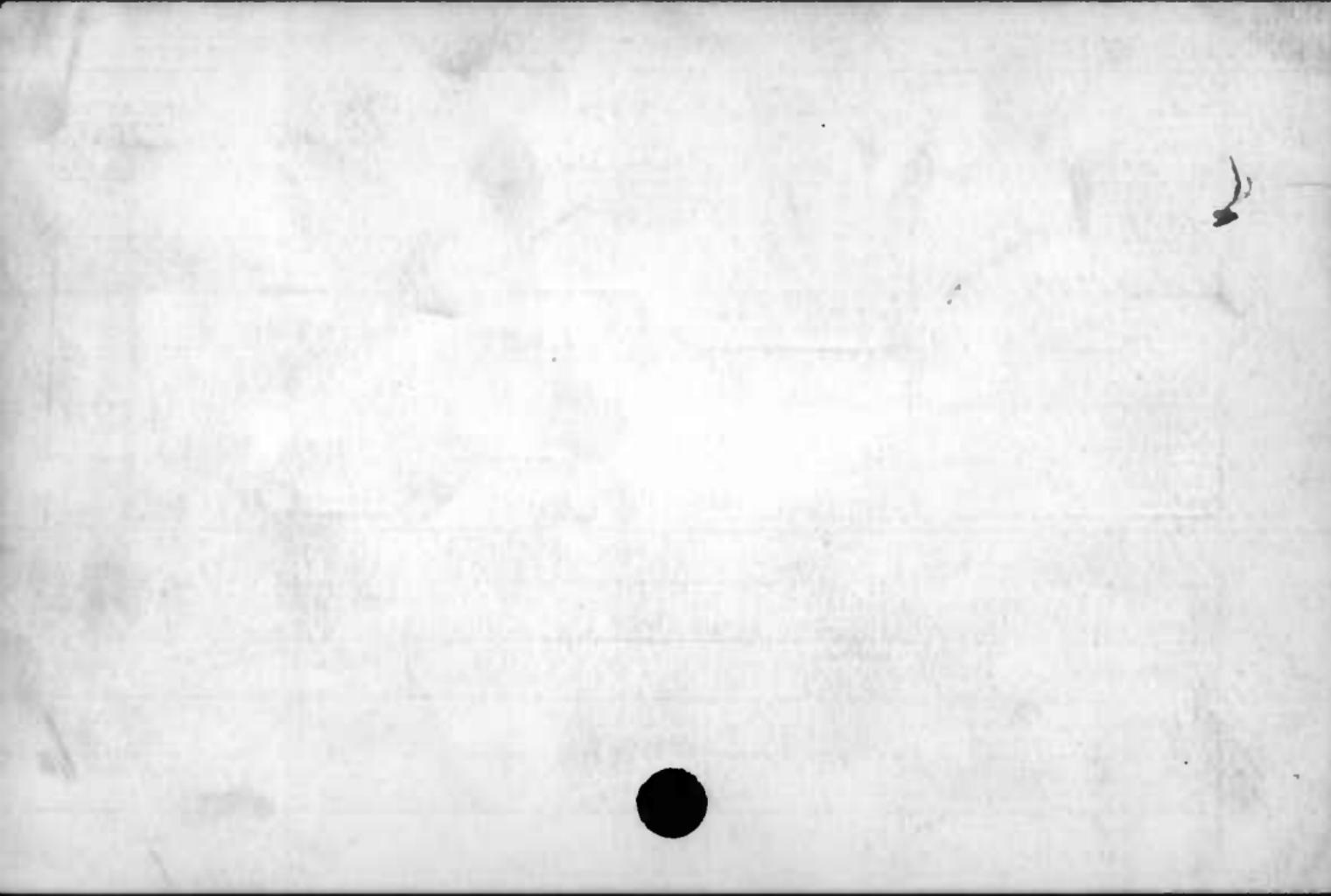
Died at	Town	County	MARYLAND	
Died at	Capitol Heights	Prince George		
Date of death	Month	Day	Years	Months Days
of death 1908.	May	8	Age 28	
Sex	Female	Color or Race	White	Birth-place
Occupation	Housewife	Where Residing if not at place of death		
Married, <input checked="" type="checkbox"/> or Widowed	Married	Name of Wife or Husband	Sherman Howell	
Father's Name	John A. Sanders	Father's Birthplace N.C.		
Mother's Maiden Name	Emily W. Waller	Mother's Birthplace Pa.		
Name of person giving information	Sherman Howell	How related to deceased Husband		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis		How long	One year
Immediate	Edema and Cardiac Exhaustion		How long	About one week
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	R.G. Schoonover	
		Address	Bening D.C.	
Accident or Suicide?				



Name
in
Full

Kate Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age about 45-		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Whitaker Johnson		
Father's Name	Peter Silvy			
Mother's Maiden Name	Johnson			
Name of person giving Information	Whitaker Johnson			

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary

Heart-disease

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yr

Signature of Physician

Address

John A. Cor
Z.B.

Accident or Suicide?

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Dato of death 190	Month	Years	Months	Days	
8 5	16	86			
Sex	Color or Race	Birthplace			
Male	White	St. George Co. Md			
Occupation	Where Residing if not at place of death				
Farmer					
Married, Single or Widowed	Name of Wife or Husband	Sara Sora Hedges Joy			
Widower	Sara Sora Hedges Joy	Father's Name	Montgomery Co. Md		
Father's Name	Jno Joy	Jno Joy			
Mother's Maiden Name	Wilson	Mother's Birthplace	Montgomery Co. Md		
Name of person giving Information	Jno C Joy	How related to deceased	Sister		

CAUSES OF DEATH

79

How long

3 months

How long

Increasing in front of death

PHYSICIAN
OR CORONER

Primary

Cardiac asthenia

Immediate

Signature of
Physician

Address

Are the name, age, sex, color, date
and place correctly given above?

Yes

Accident or Suicide?



Name
in
Full

Annie Mc Kin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death 1908	Month May	Day 24	Years 37	Age 37	Months	Days
Sex Female	Color or Race White		Occupation		Pennsylvania	
Married, Single or Widowed	Married		None			
Name of Wife or Husband	Henry Mc Kin					
Father's Name	Hugh Mc Moh				PA	
Mother's Maiden Name	Elizabeth Anderson				DC	
Name of person giving Information	Henry Mc Kin				How related to deceased	

CAUSES OF DEATH

42

PHYSICIAN
OR CORONER

Primary

Pancreatic Adenocarcinoma

How long

12

Immediate

As above

How long

6

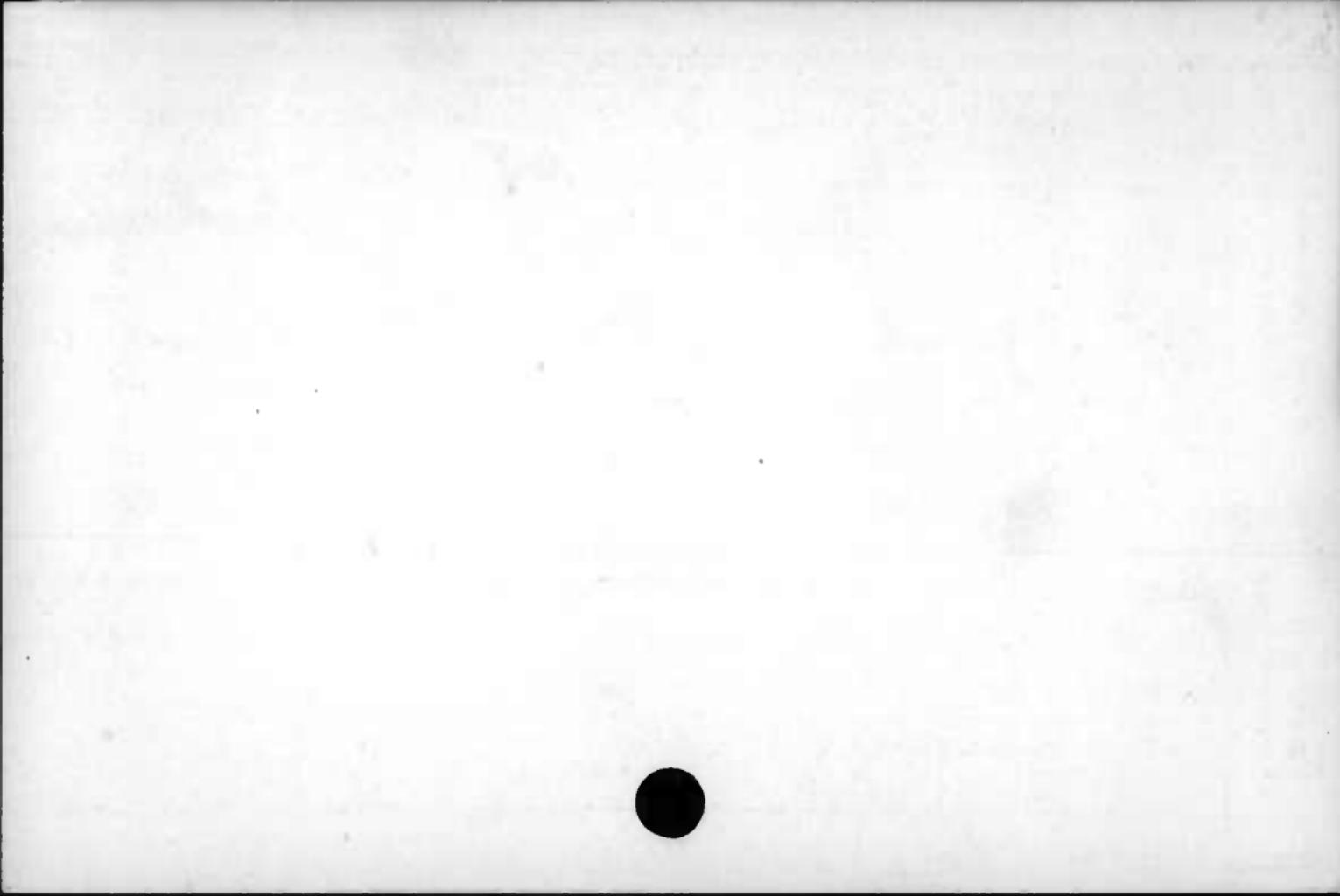
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

John E. Scamby, M.D.
Forestville

Accident or Suicide?



Name
in
Full

Richard S. Mackebec

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

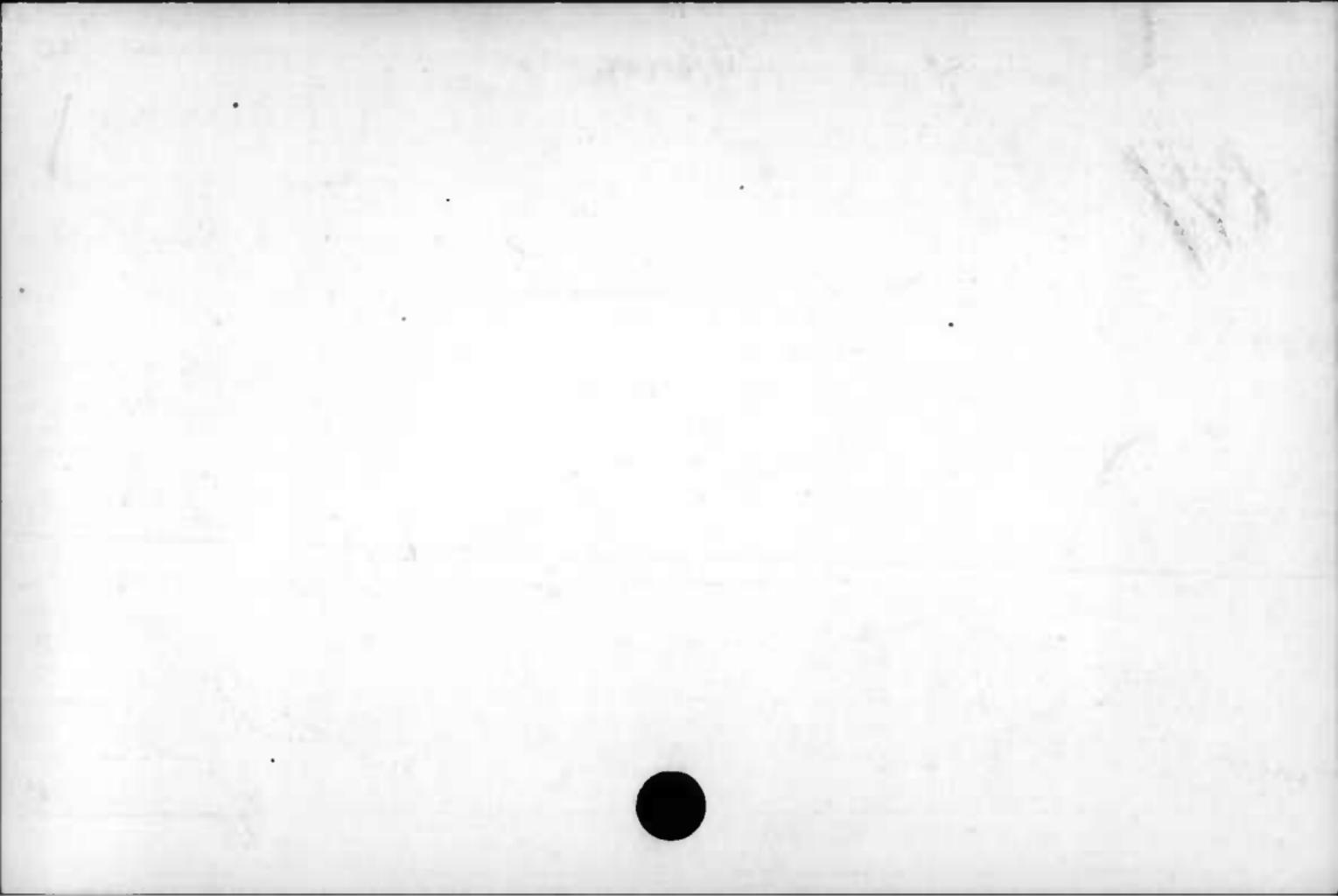
Died at	Town	County	MARYLAND		
Died at	Laurel	Pr. George			
Date of death	Month	Day	Years	Months	Days
1908	5	14	65	-	-
Sex	Male	Color or Race	White	Birth-place	Washington
Occupation	Stockkeeper	Where Residing if not at place of death	Laurel Md.		
Married, Single or Widowed	Married	Name of Wife or Husband	Mrs. Ag. Mackebec		
Father's Name	Otha Mackebec	Father's Birthplace	Ind.		
Mother's Maiden Name	Mrs. Clark	Mother's Birthplace	Ind		
Name of person giving information	Terri Mackebec	How related to deceased	Daughter		

CAUSES OF DEATH

64

Primary	Gastritis	How long	3 mo.
Immediate	Paralysis	How long	2 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	<i>DR. H. C. Scott</i>
		Address	Laurel Md
Accident or Suicide?			

PHYSICIAN
OR CORONER



Julia Marshall.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>near J.B.</u>		Town <u>J.B.</u>		County <u>Prince Georges</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>May</u>	Day <u>12th</u>	Age <u>14</u>	Years <u>14</u>	Months <u>0</u>	Days <u>0</u>	
Sex <u>female</u>	Color or Race <u>colored</u>	Birth-place <u>near J.B., Md.</u>					
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	<u>Dennis. Edward. Marshall,</u>						
Mother's Maiden Name	<u>Harriett D. Jackson,</u>						
Name of person giving Information	<u>Dennis Edward. Marshall,</u>						

CAUSES OF DEATH

27

How long

from birth.

How long

3 days.

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

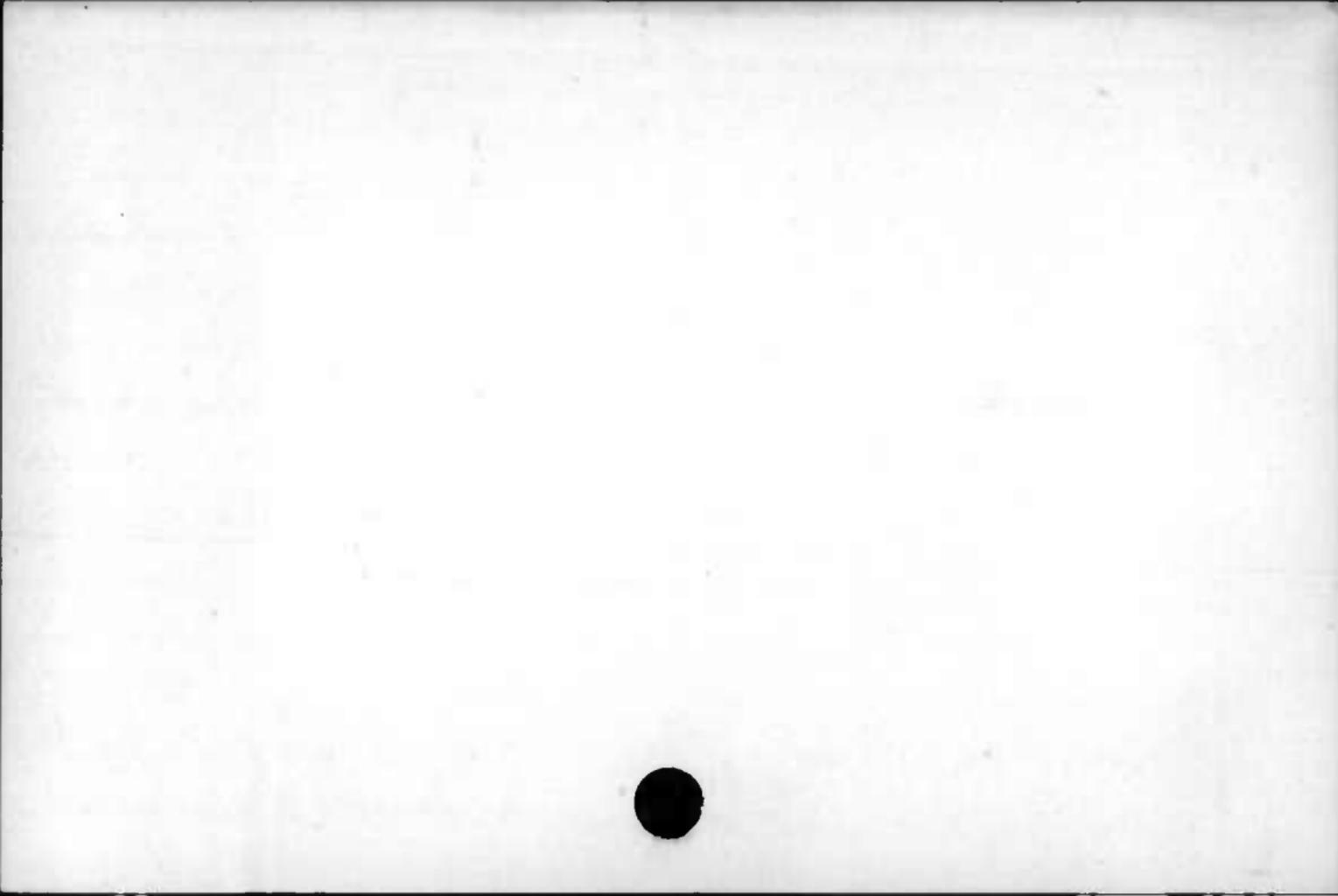
Signature of
Physicianacting Coroner, Wm. H. Squires,

Address

Brandywine,Pr. Geo. Co., Md.

Yes.

Accident or Suicide?



Name
in
Full

Sallie H. Marsteller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death		Month	Day	Years	Months	Days
Sex	Female		Color or Race	White		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	married		Name of Wife or Husband	J.A.J Marsteller		
Father's Name	Jacob G. Miller		Father's Birthplace Washington C.Md			
Mother's Maiden Name	margaret Sigler		Mother's Birthplace "			
Name of person giving Information	Husband		How related to deceased Husband			

CAUSES OF DEATH

138

PHYSICIAN
OR CORONER

Primary

Pregnancy

How long

8 mo

Immediate

Acute Uraemia

How long

1 week

Are the name, age, sex, color, date and place correctly given above?

ye

Signature of Physician

Address

C.S.Boggs M.D.
Mt Rainier,
Md.

Accident or Suicide?

Name
in
Full

Philip Marseller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Mt. Rainier Town Prince George's County
Date of death 1908 Month May Day 9 Years — Months — Days
Sex Male Color or Race white Birthplace Mt. Rainier, Md.

Occupation — Where Residing if not
at place of death —

Married, Single
or Widowed — Name of Wife or
Husband —

Father's Name Jacob G. Miller

Father's Birthplace Washington, D.C.

Mother's Maiden Name Margaret Sigler

Mother's Birthplace " "

Name of person giving
Information Deceased Father

How related
to deceased Father

CAUSES OF DEATH

151

Primary

Penditur Birth

How long

Immediate

asphyxia following forceps delivery

—

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

C.S. Bradfule, M.D.

Mt Rainier

P.G.Cs.

Md.

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Clarence J Murphy Jr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Clarence J. Murphy			Father's Birthplace	Murkirk
Mother's Maiden Name	Blanche E. Burton			Mother's Birthplace	Baltimore
Name of person giving information	Frank R. Burton			How related deceased	Uncle

CAUSES OF DEATH

179

Primary

Heart Failure

2 days

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

72

Signature of Physician

Address

Dr. B. J. Murphy
Laurel - Md

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

daughter of Susan Oden, Widow.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>near Cheltenham.</u>		Town	County	MARYLAND		
Date of death <u>1908</u>	Month <u>May</u>	Day <u>4th</u>	Years <u>none</u>	Months	Days	
Sex <u>female</u>	Color or Race <u>Colored</u>	Birth-place <u>near Cheltenham</u>				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	<u>not known. illegitimate</u>					
Mother's Maiden Name	<u>Susan Curtis,</u>					
Name of person giving Information	<u>Mary Booze.</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Born dead

S

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

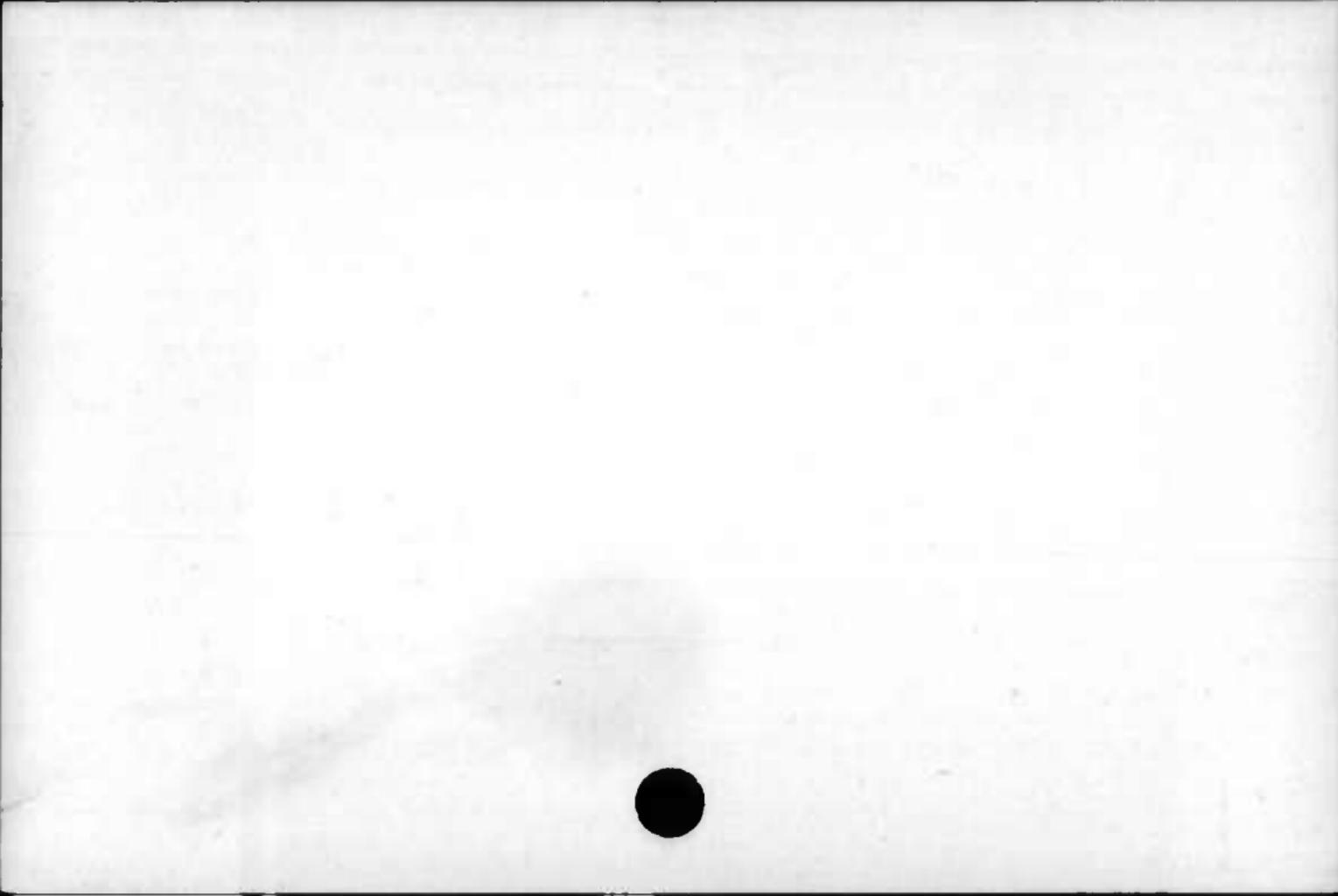
Signature of
Physician

acting Coronor, Wm. H. Squires

yes.

Address
Brandywine,
Pr. Gd Co. Md

Accident or Suicide?



Name
in
Full

Alice Payton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Age	Months	Days	
Sex	Color or Race	Birth-place					
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	John B Payton	✓					
Mother's Maiden Name	Mary Ireland						
Name of person giving Information	Josephine P. Whitley	How related to deceased					

CAUSES OF DEATH

156

PHYSICIAN
OR CORONER

Primary

Immediate

Blowgun self inflicted

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

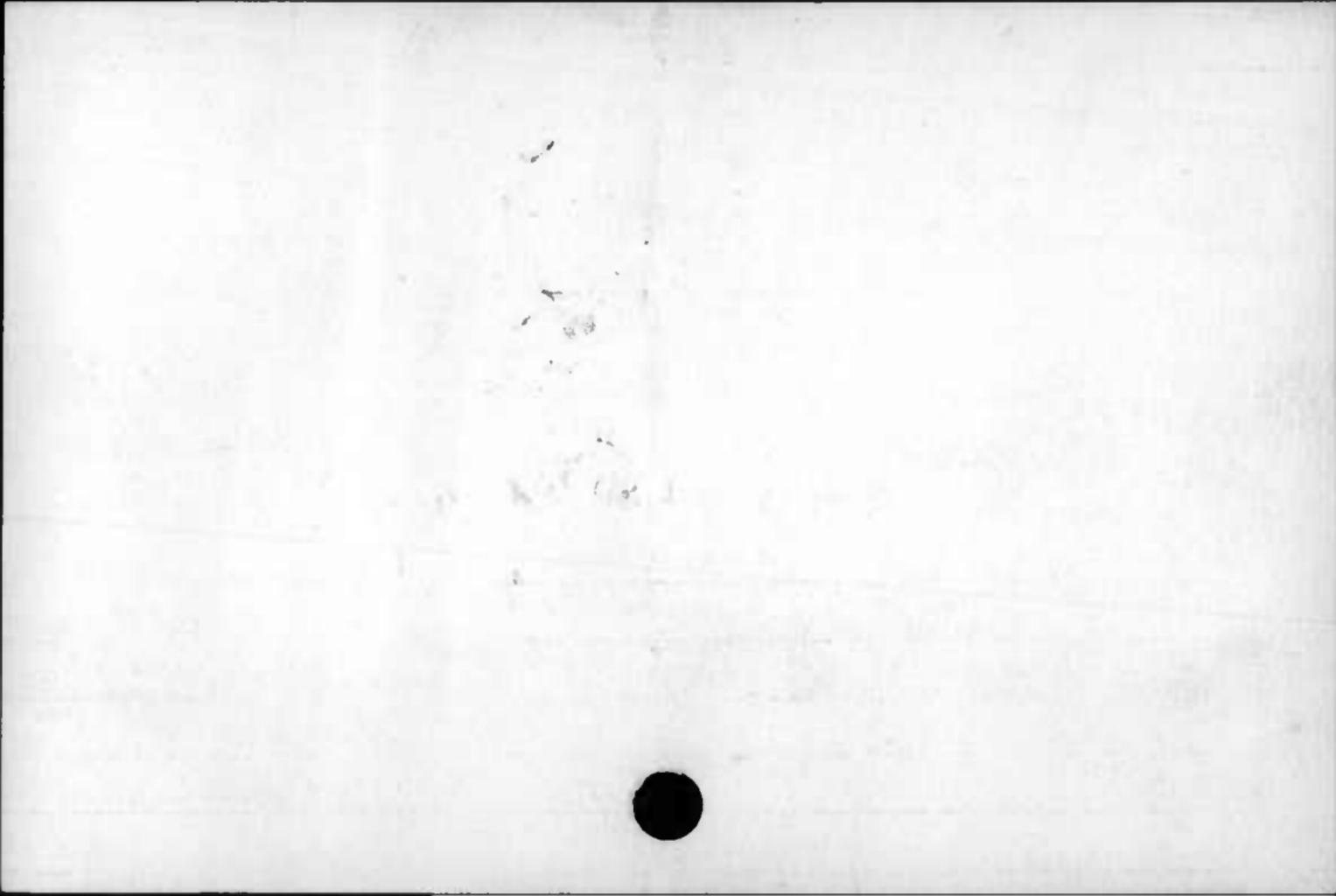
Augustus H. Dahler

Acting Coroner

Bladensburg, Md

Accident or Suicide?

Suicide



Name
in
Full

Mrs Sarah E. Penny

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town Laurel	County Pr. George	MARYLAND		
Date of death 1908	Month 5	Day 10	Years 54	Months —	Days —
Sex Female	Color or Race White	Birth- place			
Occupation H. Wife	Where Residing if not at place of death Laurel Md.				
Married, Single or Widowed Married	Name of Wife or Husband Henry Penny				
Father's Name Rodger E. Galvin	Father's Birthplace Howard Co.				
Mother's Maiden Name Elizabeth Galvin	Mother's Birthplace Howard Co.				
Name of person giving Information Daughter	How related to deceased G. E. Penny				

CAUSES OF DEATH

66

Primary Hemiplegia	How long 6 m.s.
Immediate Bethelia	How long 3 days.
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Address J. R. Steele Laurel Md
Accident or Suicide? ✓	

PHYSICIAN
OR CORONER



Name
in
Full

Mrs. Mary A. Sharswood

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at

Town

County

Laurel

Baltimore

MARYLAND

Date
of death

1908

Month

5

Day

12

Years

82

Months

—

Days

—

Age

Sex

Female

Color or
Race

White

Birth-
place

Howard Co.

Occupation

—

Where Residing if not
at place of death

Laurel Md.

Married, Single
or Widowed

Widow

Name of Wife or
Husband

Father's
Name

Batcher Baker

Father's
Birthplace

Mother's
Maiden Name

Rebecca McKenzie

Mother's
Birthplace

Name of person giving
Information

Mrs Robey

How related
to deceased

Howard Co.

not related

CAUSES OF DEATH

91

How long

Four years

Primary

Chronic Bronchitis

Immediate

Exhaust & Vital Powers

How long

3 Weeks

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

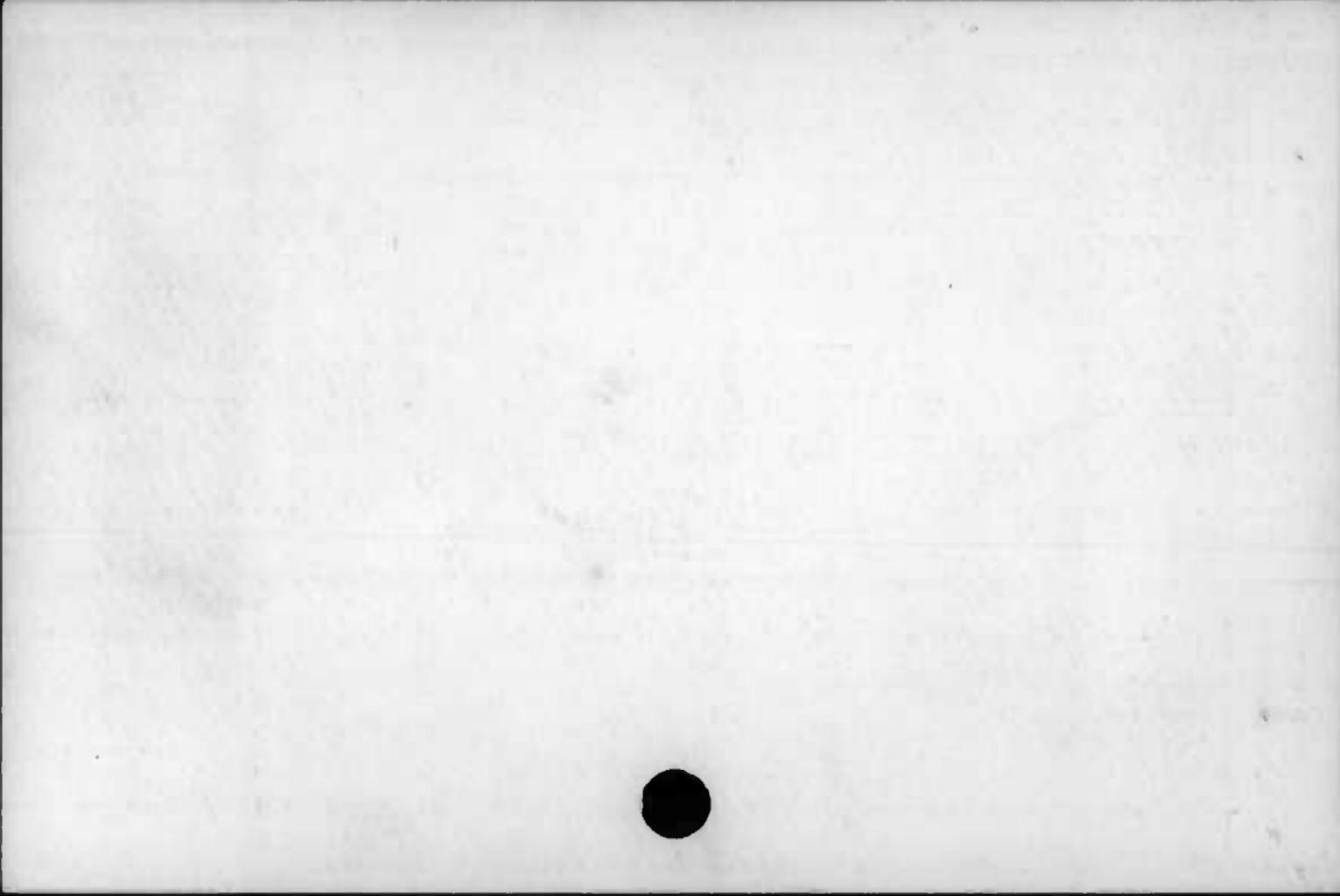
John Gruenmiller

Address

Laurel Md

Accident or Suicide?

no



Name
in
Full

Robert Guy Shepley

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Daniels Park</u>		Town	County <u>Baltimore</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>May</u>	Day <u>19</u>	Years <u>22</u>	Age	Months <u>4</u>	Days <u>28</u>
Sex <u>Male</u>	Color or Race <u>white</u>			Birthplace <u>Md</u>		
Occupation <u>Plumber</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband					
Father's Name <u>Maurice E. Shepley</u>	Father's Birthplace <u>Md.</u>					
Mother's Maiden Name <u>Elle E. Pywell</u>	Mother's Birthplace <u>S.C.</u>					
Name of person giving Information <u>M. E. Shepley</u>	How related to deceased <u>Father</u>					

CAUSES OF DEATH

121

PHYSICIAN
OR CORONER

Primary

Pyelo-Nephritis

How long

2 1/2 years

Immediate

Endocarditis

How long

2 months

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

R. D. Etienne

Address

Baltimore Md

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Frederick Skinner

CERTIFICATE OF DEATH

Died at

Town
Walwood

County
Pr. Cross

MARYLAND

Date
of death

1908

Month

May

Day

21

Years

65

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Walwood Md

Occupation

Farmer

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Margaret Skinner

Father's
Name

John Skinner

Father's
Birthplace

Walwood Md

Mother's
Maiden Name

Maria Skinner

Mother's
Birthplace

Walwood Md

Name of person giving
Information

Mrs. Skinner

How related
to deceased

Sister in law

CAUSES OF DEATH

Primary

Chronic interstitial nephritis

120

How long

5 yrs.

Immediate

Insomnia

3 mos.

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

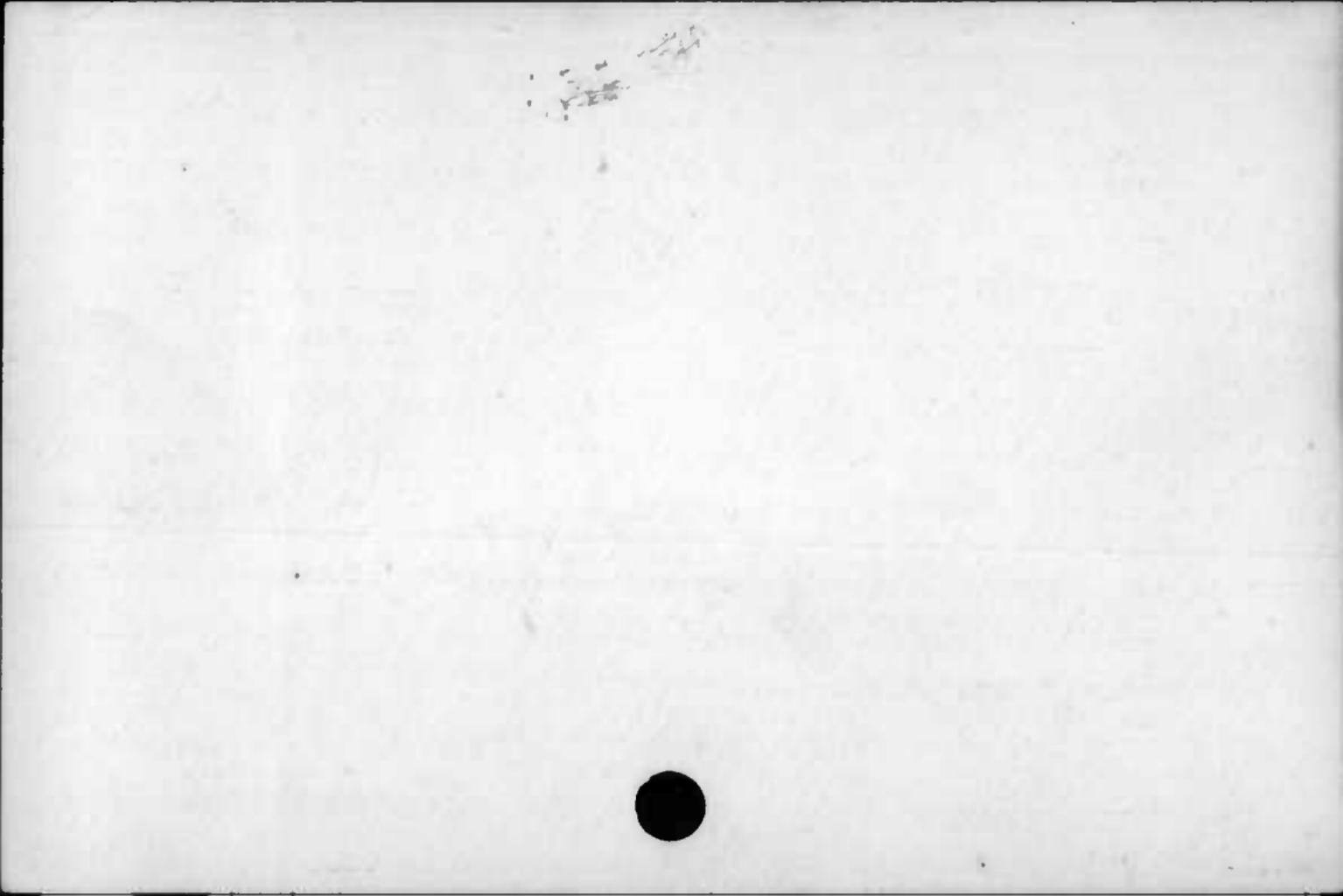
Address

H. M. Weston, Bawm

Aquasco
Md

Accident or Suicide?

no



Name
in
Full

Mike Smith

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND



Died at alms home Forestville P. O. & Co. County Montgomery

MARYLAND

Date of death 1908 Month May Day 10 Age 65 Years 65 Months Days

Sex Male Color or Race white Birth-place Germany

Occupation None Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name unknown Father's Birthplace unknown

Mother's Maiden Name unknown Mother's Birthplace unknown

Name of person giving information Tom Allen. How related to deceased son

CAUSES OF DEATH

66

How long

2 mo.

How long

1/2 hr.

PHYSICIAN
OR CORONER

Primary

Paralysis.

Immediate

Heart failure.

Are the name, age, sex, color, date and place correctly given above?

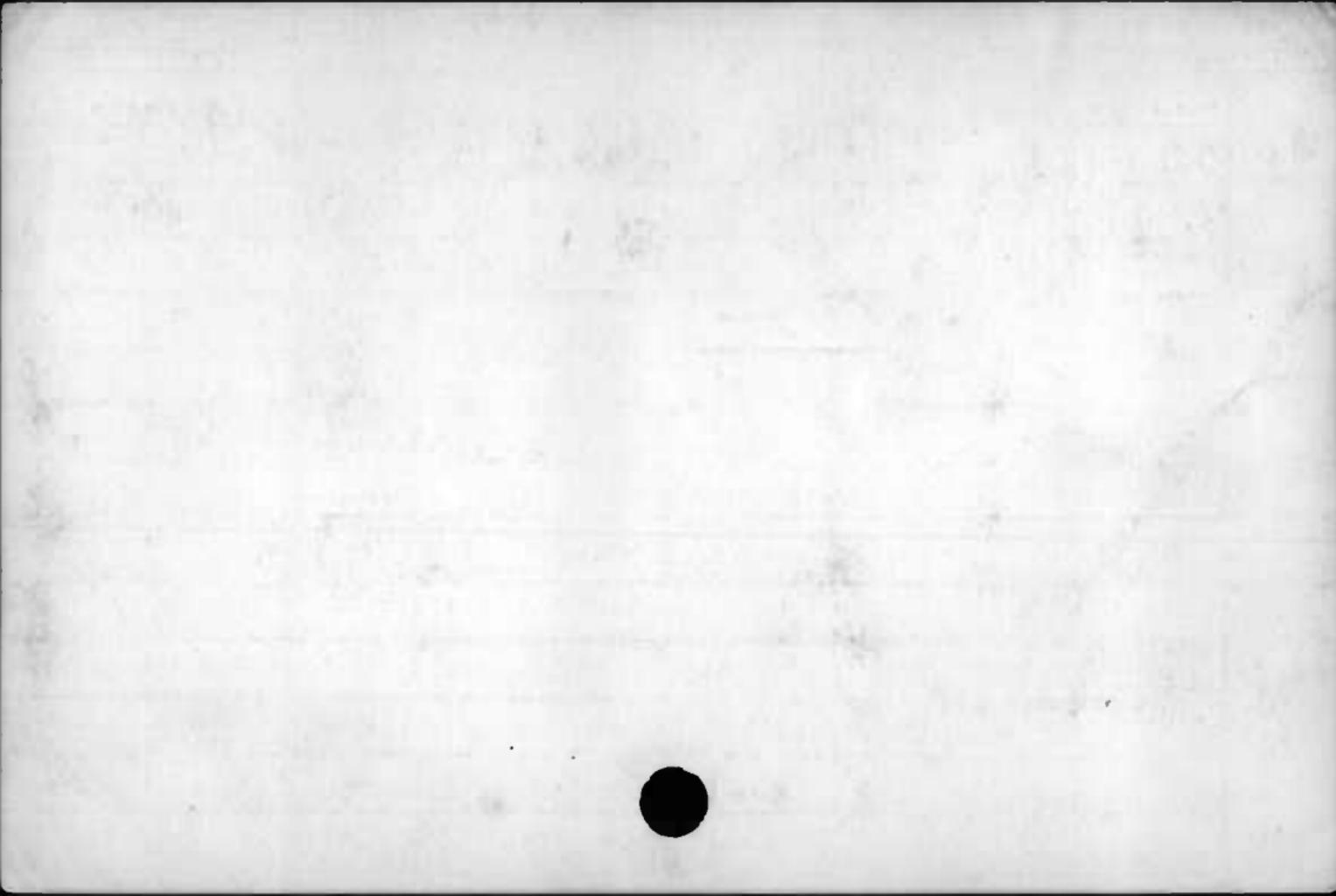
Yes.

Signature of Physician

Address

John E. Sanebury M.D.
Forestville, Md.

Accident or Suicide?



Name
in
Full

Edward Tolson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Age	Months	Days	
1908	5	12	59	59	—	—	
Sex	Color or Race	Where Residing if not at place of death		Birth-place			
Male	White			Md.			
Occupation	Farmer & Magister						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	Henry Tolson					Father's Birthplace	
Mother's Maiden Name	Mary H. Middleton					Mother's Birthplace	
Name of person giving information	Julia Williams					How related to deceased	

CAUSES OF DEATH

120

Hours

How long

Primary	Chronic interstitial Nephritis		Endphthal-
Immediate	Cardiac weakness		mic
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	E P Simpson, M.D.
		Address	Rosecrift - Md.
Accident or Suicide?			

PHYSICIAN
OR CORONER



Elbert Lennart Walker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at

Town

Hyattsville

County

MARYLAND

Date
of death

1908

Month

May

Day

20

Or geo

Years

Age

-

Months

2

Days

-

Sex

male

Color or
Race

white

Birth-
place

Wash DC

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Charles E Walker

Father's
Birthplace

Wash DC

Mother's
Maiden Name

May Reed

Mother's
BirthplaceMd.
WalkerName of person giving
Information

Chas E.

How related
to deceased

151

How long

weeks

How long

immediate

Primary

Malaria

Immediate

Cardiac failure

Are the name, age, sex, color, date
and place correctly given above?

yes

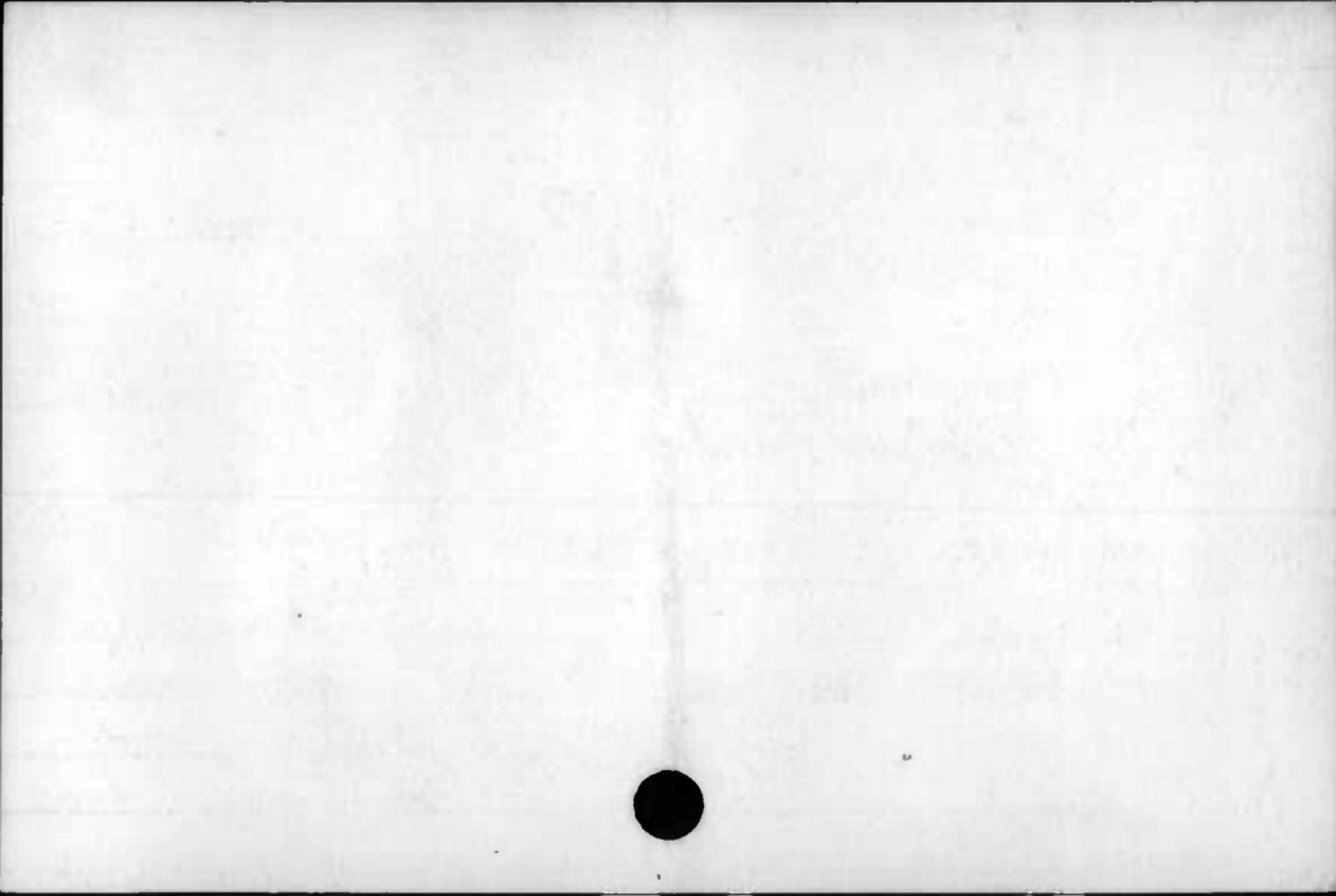
Signature of
Physician

Address

Thos. B. Walker

Hyattsville Md

Accident or Suicide?



Name
in
Full

Edna Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Rosecroft

Town

County

MARYLAND

Date
of death

1908

Month

5

Day

11

Years

17

Age

Months

-

Days

-

Sex

Female

Color or
Race

Colored

Birth-
place

Md.

Occupation

Housework

Where Residing if not
at place of death

Home

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

George Williams

Father's
Birthplace

Md.

Mother's
Maiden Name

Harriett Drayton

Mother's
Birthplace

Va

Name of person giving
Information

Peter Brown

How related
to deceased

Bro. in law

CAUSES OF DEATH

Primary

Pyphloid Fever

How long

1 week

Immediate

Cardiac weakness

How long

3 hrs

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

yes

E. P. Simpson
Rosedale Md.

PHYSICIAN
OR CORONER

Accident or Suicide?

